PTO/SB/81(06-03) Approved for use through 11/30/2005, OMB 0851-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number Filing Date POWER OF ATTORNEY First Named Inventor LAIN-YEN HU ANDROGEN MODULATORS Title CORRESPONDENCE ADDRESS Art Unit INDICATION FORM **Examiner Name** PC32225 Attorney Docket Number I hereby appoint: 28880 Practitioners at Customer Number M OR Practitioners named below: Registration Number Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address Address State Zip City Country Fax Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name LAIN-YEN HU Signature 2006

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and 

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

forms if more than one signature is required, see below

forms are submitted.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number **Application Number** Filing Date POWER OF ATTORNEY I AIN YEN HII First Named Inventor ANDROGEN MODUL ATORS Title CORRESPONDENCE ADDRESS Art Unit INDICATION FORM **Examiner Name** Attorney Docket Number PC32225 I hereby appoint: Practitioners at Customer Number 28880 Practitioners named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address Address State Zip City Country Fax Telephone I am the M Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record HUANGSHU LEI Name Signature 24 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*. Total of \_ forms are submitted.

This collection of information is required by 37 CFR, 1.51 and 1.33. The information is required to obtain or retain a beneal by the public whosh is to file (and by the USPT to process) are application. Confedentiality is operanted by 58 U.S. C. 222 and 37 CFR.1.4 This collection is estimated to take a mixture to be a confedential by the Companies of the Compan

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The collection of information is required by 37 CFR 131 and 133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO) is processed an application. Confidentiality is presented by 58 U.S. C. 122 and 37 CFR 14. This collection is estimated to laster amountable complete, including pathering, preparing, and submitting the completed application from to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time by our require to complete is this ofm and/or suppositions for reducing this burden; should be ant to the Chill Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandris, W. 22331-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Petruler, P.O. Bex 1450, Alexandris, W. 22313-1450.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of info on unless it displays a valid OMB control number Application Number Filing Date POWER OF ATTORNEY First Named Inventor LAIN-YEN HU ANDROGEN MODUL ATORS Title CORRESPONDENCE ADDRESS Art Unit INDICATION FORM Examiner Name Attorney Docket Number PC32225 I hereby appoint: Practitioners at Customer Number 28880 Practitioners named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number." OR The address associated with Customer Number OR Firm or Individual Name Addrage Address City State Zio Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name BRUCE A. LEFKER Signature AUGUST Date NOTE: Signatures of all the inventors of assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*. Total of forms are submitted.

This conceition of Information is requised by 32 CFR 131 and 133. The Information is required to obtain or retain a benefit by the public which is to the care by the LBPT10 procession ampointant Condendeality is governed by \$81.05.C, 12 and 37 CFR 14.1. The inconceining is estimated to be table shrived to complete, including shriving, preparing, and submitting the completed explication from to the USPT0. Three will vary depending upon the includinal case. Any comments on the amount of time you require to complete the form endor's registerings for reducing this birties, should be sent to the Clinical Information Office, U.S. Petarining and Commenters, P.O. (bits 1450, Alexandris, VAV 2331-440, OD NOT SEND FEES OFFICE COMMENTS OFFICE STATES AND ADMINISTRATION OF SEND FEES OFFI SEND FEES OFFI ADMINISTRATION OF SEND FEES OFFI ADMINISTRATION OFFI ADMINISTRATION OF SEND FEES OFFI ADMINISTRATION OF S